

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		7.5.00
O.I.P.E. CLASSIFIER		12/10	7/10
FORMALITY REVIEW	CT	649116	8/23/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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